

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>08/14/02</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>FW</i>	<i>52</i>	<i>8/08</i>
FORMALITY REVIEW		<i>11622</i>	<i>25-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	0
9	✓
10	0
11	0
12	0
13	✓
14	0
15	0
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	0
25	✓
26	✓
27	✓
28	0
29	✓
30	0
31	0
32	✓
33	0
34	0
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	0
46	✓
47	✓
48	0
49	0
50	0

Claim	Date
Final	
Original	
51	✓
52	0
53	0
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
72	✓
73	✓
74	✓
75	✓
76	✓
77	0
78	✓
79	✓
80	✓
81	✓
82	✓
83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
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131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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